

City Clerk's Office - License Division 200 E. Wells St., Room 105 Milwaukee, WI 53202 (414) 286-2238

license@milwaukee.gov Website: www.milwaukee.gov/lobby

PRINCIPAL EXPENSE STATEMENT

Instructions: Complete Lines 1 through 6 of the Principal Expense Statement and any Parts required to be completed pursuant to Line 6. Attach and submit with the expense statement all completed Disclosure of Lobbying Activity forms (ccl-267j), if required. Please be advised that the following are exempt from filing an expense statement: a government department, agency or organization of another political subdivision within the state of Wisconsin, another state, or the federal government.

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		0 Filing Deadline: 20 os. Filing Deadline	
Expense statement must reporting period, There is a this statement.	an additional fe	e in the amount of \$25	for the late filing o
2. Name of Principal: CHIC	AGO REGIONAL C	OUNCIL OF CARPENTERS	3 - NORTHERN REGIO
Principal's Address: N25W23055 PAUL RO, SUITE		EWAUKEE, WI 53072	
4. Principal's Email Addres			elephone Number:
MSCDC@CARPENTERCRA	FT.COM	(262) 970-5777	
	omplete the par 1 \$500. Comple 1 \$500. Complet tatement a Disc	ts and forms indicated. te Part III only. te Parts I through III. C losure of Lobbying Acti	Complete and tivity form (ccl-267)
PART I. Lobbying Expen	ditures.		\$ 0
and any other activ	obying activities wing in the total ersons to engagers made and diffes conducted	by the principal and all amount entered:	paid advertising ng members of the

the amount exceeds \$500 during the reporting period.

8. If the amount entered in line 7 includes lobbying expenditures and obligations made or incurred by any one lobbyist for the principal which exceeded \$200 during the reporting period, enter in Table 1 below the name and address of the lobbyist and the total amount of the lobbying expenditures made or obligations incurred.						
Table 1. Enter on a separate sheet of paper any additional disclosures relating to Table 1.						
Lobbyist Name	Lobbyist Address		Expenditure Amount			
MARK SCOTT	NAS WABOSS PAUL RE	o. P.O.BOX 790	\$			
THOMAS DOLESCHY	PEWAUKEE, WIS		\$ 0			
	, , , , , , , , , , , , , , , , , , , ,	,44.	\$			
			S			
10. Enter in Table 2 below the name of any city official to whom the principal or any lobbyist for the principal provided reimbursement authorized under s. 303-9-2-a, MCO, and the date and amount reimbursed. Table 2.						
City Official Name	Date of Reimbursemen	nt Amount of Reimbursem	ent			
		\$				
		\$ \$				
		\$				
Enter on a separate sheet of paper any additional disclosures relating to Table 2.						
PART III. Certification. 11. I certify that the above is true and correct to the best of my knowledge, information and belief and that I am the principal or person authorized to sign this statement on behalf of the principal.						
Signature: Mark & Sutt Date: 03/06/06						
Type or Print Name: MARK S. SCOTT						

Office I	Use:	Only:	
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nitials:	Transaction #:	Date & Time Stamp